

Consent Form for Release of Academic Information

I, [REDACTED], hereby authorize [REDACTED] to release my academic information to:

Recipient Name: [REDACTED]

Relationship to Student: [REDACTED]

Address: [REDACTED]

The academic information to be released includes:

- Academic Transcript
- Grades
- Attendance Records
- Other (please specify): [REDACTED]

Purpose of Release: [REDACTED]

I understand that this consent is voluntary and I may revoke it at any time by written notice.

Student Signature: [REDACTED]

Date: [REDACTED]

Parent/Guardian Signature (if student is under 18): [REDACTED]